Private Swim Lesson Form		
☐ Yes! I am interested in private lessons! Please have someone contact me. Below is some information to help decide which instructor would best suit my child.		
Parent's Name: Home Phone Number:		
Child's Name:	Age:	Sex:
My child would prefer a (male female) instructor.		
Please check all of the things you think your child can Fully submerge for at least 3 seconds Float on their front and/or back with support Float on their front and/or back without support Push off wall on front and/or back and glide Combine arms and kick on front and/or back Swim the width of pool, any stroke Swim the length of pool, any stroke My child only needs stroke technique and improve		Days and Times of Availability: Sun Mon Tues Wed Thur Fri Sat Times:
I would like	to	be my child's instructor.
FOR OFFICE USE ONLY:		
Instructor assigned to this lesson:		
Paid/Entered into ESCOM on:		Initials:
Entered into payroll week ending:		Initials: